

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036098

Entity Name: LAKESHORE INSURANCE, INC.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

2415 BLANDING BLVD, #2
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2415 BLANDING BLVD, #2
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3593616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKINBILL, SUZANNE M
4528 COLLEGE ST
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LUCKINBILL, SUZANNE M
Address: 4528 COLLEGE STREET
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE LUCKINBILL

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date